



Department of Health and Human Services
Licensing and Regulatory Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-9300; Fax (207) 287-9307
Toll Free (800) 791-4080; TTY (800) 606-0215

Your name has been given as a reference on an application to operate a Family Child Care Home by

(Name of Applicant)

As I'm sure you would agree, it is important for child care providers to show good judgment and to have the ability to establish a safe, nurturing environment for children in their care. The Department of Health and Human Services is seeking your honest and frank evaluation of this applicant as a part of its assessment of the person named above.

Your evaluation is important to the Certification process and a Certificate cannot be issued until all references are received.

Please complete the enclosed questionnaire and return to this office as soon as possible. Please call 287-9300 with any questions you may have. Your cooperation is greatly appreciated.

Sincerely,

Child Care Licensing Unit
Division of Licensing & Regulatory Services

Encl